FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549,

FORM D.

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMBAPPROVAL

OMB Number:

3235-0076 April 30, 2008

Expires:

Estimated average burden16.00



185	UNIFORM LIMITED C	OFFERING EXEMPTION	N [07048930
* * ~	is is an amendment and name has changed, a	and indicate change.)		
Flava Puff Regulation [
Filing Under (Check box(es) that apply): Type of Filing: X New Filing	Rule 505 Amendment	X Rule 506 Section 4(6)	ULOE	•
	A. BASIC IDE	INTIFICATION DATA		
Enter the information requested about	ut the issuer	•		
Name of Issuer (Check if this is Flava Puff LLC	an amendment and name bas changed, and in	ndicate change.).	••	
Address of Executive Offices 2000 NW 150 Ave Suite 2120 Per	mbroke Pines FL 33028 (Number and	Street, City, State, Zip Code)	Telephone Number (Includin 888-300-0024	g Area Code)
Address of Principal Business Operations (if different from Executive Offices)	(Number and	f Street, City, State, Zip Code)	Telephone Number (Includin	ig Area Code)
Brief Description of Business Distribution	and marketing company for candy and snack	k products	PD(OCESSED
			B # X '	OOLUULD
Type of Business Organization corporation business trust	limited partnership, already fo	·,	olease specify): LLC	APR 0 4 2007
<u>L_,l</u>	Month	Year		THOMSON
Actual or Estimated Date of Incorporation of			stimated	FINANCIAL
Jurisdiction of Incorporation or Organization	on: (Enter two-letter U.S. Postal Service abor CN for Canada; FN for other	,	GENERALI INSTRUCTIONS	į.
Federal: Who Must File: All issuers making an offer 77d(6).	ring of securities in reliance on an exemption	under Regulation D or Section 4(6), 17	CFR 230.501 et seq. or 15 U.S.0	 C.
and Exchange Commission (SEC) on the ea	er than 15 days after the first sale of securitie artier of the date it is received by the SEC at y United States registered or certified mail to	the address given below or, if received a	d with the U.S. Securities t that address after the date on	
Where To File: U.S. Securities and Exchange	ge Commission, 450 Fifth Street, N.W., Was	shington, D.C. 20549		
	tice must be filed with the SEC, one of which		not manually signed must be	
Information Required: A new filing must or thereto, the information requested in Part C not be filed with the SEC.	ontain all information requested. Amendmen, and any material changes from the information	ts need only report the name of the issue tion previously supplied in Parts A and E	r and offering, any changes 3. Part E and the Appendix need	•
Filing Fee: There is no federal filing fee.			•	
ULOE and that have adopted this form are to be, or have been made. If a state	eliance on the Uniform Limited Offering. In Issuers relying on ULOE must file as requires the payment of a fee as a precedular of the propriate states in according to the control of the propriate states in according to the control of the propriate states in according to the control of the propriate states in according to the control of the propriate states in according to the control of the propriate states in according to the control of the propriate states in according to the control of the propriate states in according to the propriate states in the pr	separate notice with the Securities a	Administrator in each state votion, a fee in the proper amo	where sales ount shall
		ATTENTION		
Failure to file notice in the ap	propriate states will not result in	a loss of the federal exemption	n. Conversely, failure to	o file the

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the

1 of 9

filing of a federal notice.

		A. BASIC IDE	NTIFICATION DATA		
2. Enter the information requ	ested for the follow	ving:			
Each promoter of the control of	e issuer, if the issu	er has been organized within the pas	t five years;		
Each beneficial own	er having the pow	er to vote or dispose, or direct the vo	te or disposition of, 10% or mor	e of a class of equity sec	arrities of the issuer.
Each executive office	eer and director of	corporate issuers and or corporate ge	eneral and managing partners of	partnership issuers; and	• .
Each general and m	anaging partner of	partnership issuers.			
Check Box(es) that Apply:	Promot	er X Beneficial Owner	Executive Officer	Director	X General and/or Managing Partner
Full Name (Last name first, if ine Brian Couture	lividual)				····
Business or Residence Address 2000 NW 150 Ave Suite 2	(Number and Str 2120 Pembrok	reet, City, State, Zip Code) e Pines FL 33028	•		
Check Box(es) that Apply:	Promot	er X Beneficial Owner	Executive Officer	Director	X General and/or Managing Partner
Full Name (Last name first, if in Billy Erwin	iividual)				
Business or Residence Address 2000 NW 150 Ave Suite 2		ect, City, State, Zip Code) e Pines FL 33028			
Check Box(es) that Apply:	Promot	er Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Business or Residence Address	(Number and Str	cet, City, State, Zip Code)			
Check Box(es) that Apply:	Promot	er Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	lividual)			,	
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promot	er Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	lividual)		•••		
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			
•					•
Check Box(es) that Apply:	Promot	er Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	lividual)	· - ··			
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)		-	
Check Box(es) that Apply:	Promot	er Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	lividual)		· · · · · · · · · · · · · · · · · · ·	·	
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·	•	
	(Us	e blank sheet, or copy and use addition	onal copies of this sheet, as nece	ssary)	

				B. IN	FORMATION	ABOUT OF	rering					•
	11	d- :1					1:	ship offsing	.0		Yes	No
1.	Has	ine issuer son	a, or does the		d to sell, to no Answer also i					************		XEXEX
	U/h.	st is the minim	invactor		be accepted fr							
2.	WIN	a is use mann	iani macenii	ciit uiat wiii	oe accepted ii	om any mui	YIQUZII :	*************		•••••	\$ 10,00	
3.	Doe	s the offering	permit joint	ownership o	f a single unit	?					Yes _[X X XX	N₀ □
4.					erson who has						L_J	
•	com	mission or sir	nilar remune	ration for so	licitation of proof or agent o	urchasers in	connection w	vith sales of s	ecurities in t	he offering.		
					ler. If more th							
	a br	oker or dealer	, you may set	t forth the in	formation for	that broker of	or dealer only	<i>.</i>				
Full Name (La	ast name first	, if individual)							<u> </u>		
Business or R	esidence Ado	iress (Number	and Street, (City, State, 2	(ip Code)						<u></u>	
Name of Asso	ciated Broke	r or Dealer		•								
States In Which	ah Danser III	44 H- C-P	inal as term	4n 4n C - 11 - 24 1	Dunaha				 			
					rurchasers						A#	States
(Cilcox	711 States C	or Check that v	iddai Suites)	***************************************					•••••		· · · · · ·	
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IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MÖ
[MT] [RI]	NE SC	NV (SD)	NH TN	[NJ] [TX]	NM] (TUT)	NY VT	NC VA	ND WA	OH WV	[WI]	OR WY	PA
	[30]	[30]	111	LIX.	<u> UN</u>	[]				النبيا	<u> </u>	
Full Name (La	ast name firs	, if individual)						,			
Business or R	esidence Add	iress (Number	r and Street,	City, State, Z	Zip Code)							
Name of Asso	ciated Broke	er or Dealer				· · · · · · · · · · · · · · · · · · ·						
States In Whie	ch Person Lis	sted Has Solic	ited or Inten	ds to Solicit	Purchasers					<u> </u>		
(Check	"All States" o	or check indiv	idual States)						······		☐ Ali	States
ÄL	ĀK	AZ	ĀŔ	CA	[CO]	[CT]	[DE]	DC	FL	GA	HI	ĪD
(IL	[IN]	[IA]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	[NM]	NY	NC	ND	ОН	OK	OR	PA
RI	SC	SD	TN	TX	[UT]	VT	VA	WA	[WV]	WI	WY	PR
Full Name (L	ast name firs	t, if individual	1)				<u>,, </u>			 		
Business or R	esidence Ad	iress (Numbe	r and Street,	City, State, 2	Zip Code)							
Name of Asso	ociated Broke	er or Dealer							`	<u> </u>		
States In Whi	ch Person Li	sted Has Solic	ited or Inten	ds to Solicit	Purchasers			,		.,		
											AJ	States
AL	AK	ΑŽ	[AR]	CA	[CO]	CT	DE	[DC]	[FL]	GA	HI	[ID]
(IL)	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
MT	NE	NV	. NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	<u>רקר</u>	ומצו	CTN			LAL.		CWA	WV)	[WI]	WY	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggaganta	Amount Aiready
	Type of Security	Aggregate Offering Price	Sold
	Debt	\$ 3,000,000	\$ 520,000
	Equity		
	Common Preferred		-
	Convertible Securities (including Warrants)	•	S
	Partnership Interests		
	Other (Specify)		
	Total	3	_ 3
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this		
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their		
	purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	4	\$350,000
	Non-accredited Investors	•	\$
	Total (for filings under Rule 504 only)		S
			<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the		
	first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	•	•
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		\$
	Total		\$
		•••	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer.		
	The information may be given as subject to future contingencies. If the amount of an expenditure is		
	not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		j s
	Printing and Engraving Costs	- [850
	Legal Fees.] S
	Accounting Fees	Γ	s
	Engineering Fees	Г	s
	Sales Commissions (specify finders' fees separately)		\$300,000
	Other Expenses (identify)Prep Fees for Regulation D	Γ	\$1,250
	Total	۲	

b		offering price given in response to Part C — Question 1	•	
		- Question 4.a. This difference is the "adjusted gross		\$2,695,000_
		rocced to the issuer used or proposed to be used for		·. —
¢	each of the purposes shown. If the amount for any sheck the box to the left of the estimate. The total proceeds to the issuer set forth in response to Part	of the payments listed must equal the adjusted gross		•
			Payments to	
		•	Officers,	_
			Directors, & - Affiliates	Payments to Others
S	Salaries and fees			_ \[\stacksquare
			[_] S	
	Purchase, rental or leasing and installation of mac	•		- LI
	· · · · · · · · · · · · · · · · · · ·		FT \$	s
	• •	ilities	S	_ [] \$
	Acquisition of other businesses (including the value		<u> </u>	<u> </u>
	offering that may be used in exchange for the asse			
is	ssuer pursuant to a merger)			s
R	Repayment of indebtedness		□ s	ب
V	Working capital		s	_ []\$_1,500,000
C	Other (specify):Inventory		s	[] \$900,000
_			_	_
_			<u> \$ </u>	s
		•		_
		, i		- []s
C	Column Totals		<u> </u>	2,695,000
 1	otal Payments Listed (column totals added)	D. FEDERAL SIGNATURE		
natu	are constitutes an undertaking by the issuer to fun	the undersigned duly authorized person. If this notice is filed un nish to the U.S. Securities and Exchange Commission, upon vedited investor pursuant to paragraph (b)(2) of Rule 502.	nder Rule 505, the follow written request of its staff	ving ;
	(Print or Type)	Signature	Date	1
uer			- 10 - 5 110 i	2007
•	·			
ıme (of Signer (Print or Type)	Title of Signer (Print or Type)		
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	Is any party described in 17 CFR 230.262 presently	subject to any of the discuplification	Yes	No
1.	provisions of such rule?	- · · · · · · · · · · · · · · · · · · ·		X
	Sco	e Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish D (17 CFR 239.500) at such times as required by sta	n to any state administrator of any state in which this notice is filed a mate law.	otice on Form	
3.	The undersigned issuer hereby undertakes to furnish issuer to offerees.	to the state administrators, upon written request, information furnished	ed by the	
4.		familiar with the conditions that must be satisfied to be entitled to the which this notice is filed and understands that the issuer claiming the these conditions have been satisfied.		
	er has read this notification and knows the contents to horized person.	be true and has duly caused this notice to be signed on its behalf by th	e undersigned	
ssuer (P	Print or Type)	Signature	3/14/07	
lame (P	Print or Type)	Title (Print or Type)		

President

Contre

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				Al	PPENDIX				
1	Intend to sell to non-accredited investors in State (Part B - Item 1)		Type of security and aggregate offering price offered in state (Part C - Item 1)	Type of investor and amount purchased in State (Part C - Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)	
State	Yes No	l J	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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APPENDIX

1	Intend to non-ac investors	credited	Type of security and aggregate offering price offered in state (Part C - Item 1)		Type of investor and amount purchased in State (Part C - Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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				APP	ENDIX				
1	2		2 3 4				5 Disqualification		
	to non-as	Type of security and aggregate offering price tors in State t B - Item 1) Type of security and aggregate offering price offered in state (Part C - Item 1)			Type of investor and amount purchased in State (Part C - Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	· Yes	No
WY	· · · · · · · · · · · · · · · · · · ·								
PR									